State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen.

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## Current Challenges:

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.

State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen.

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## Current Challenges:

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.

State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen.

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## Current Challenges:

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.

State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen.

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## Current Challenges:

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.

State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen.

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## Current Challenges:

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.

State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen.

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## Current Challenges:

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.

State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen.

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## Current Challenges:

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- ➤ Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.

State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen.

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## Current Challenges:

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- ➤ Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.

State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen.

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## Current Challenges:

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- ➤ Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.

State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen.

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## Current Challenges:

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- ➤ Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.

State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen.

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## Current Challenges:

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- ➤ Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.

State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen.

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## Current Challenges:

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- ➤ Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.

State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen.

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## Current Challenges:

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- ➤ Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.

State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen.

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## Current Challenges:

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- ➤ Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.

State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen.

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## Current Challenges:

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- ➤ Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.

State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen.

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## Current Challenges:

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- ➤ Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.

State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen.

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## Current Challenges:

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- ➤ Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.

State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen.

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## Current Challenges:

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- ➤ Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.

State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen.

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## Current Challenges:

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.

State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen.

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## Current Challenges:

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.

State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen.

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## Current Challenges:

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.

State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen.

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## Current Challenges:

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.

State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen.

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## Current Challenges:

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.

State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen.

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## Current Challenges:

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.

State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen.

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## Current Challenges:

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- ➤ Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.

State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen.

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## Current Challenges:

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- ➤ Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.

State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen.

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## Current Challenges:

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- ➤ Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.

State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen.

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## Current Challenges:

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- ➤ Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.

State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen.

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## Current Challenges:

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- ➤ Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.

State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen.

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## Current Challenges:

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- ➤ Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.

State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen.

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## Current Challenges:

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- ➤ Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.

State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen.

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## Current Challenges:

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- ➤ Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.

State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen.

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## Current Challenges:

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- ➤ Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.

State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen.

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## Current Challenges:

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- ➤ Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.

State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen.

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## Current Challenges:

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- ➤ Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.

State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen.

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## Current Challenges:

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- ➤ Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.

State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen.

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## Current Challenges:

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.

State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen.

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## Current Challenges:

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.

State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen.

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## Current Challenges:

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.

State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen.

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## Current Challenges:

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.

State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen.

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## Current Challenges:

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.

State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen.

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## Current Challenges:

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.

State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen.

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## Current Challenges:

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- ➤ Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.

State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen.

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## Current Challenges:

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- ➤ Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.

State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen.

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## Current Challenges:

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- ➤ Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.

State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen.

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## Current Challenges:

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- ➤ Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.

State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen.

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## Current Challenges:

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- ➤ Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.

State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen.

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## Current Challenges:

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- ➤ Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.

State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen.

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## Current Challenges:

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- ➤ Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.

State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen.

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## Current Challenges:

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- ➤ Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.

State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen.

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## Current Challenges:

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- ➤ Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.

State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen.

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## Current Challenges:

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- ➤ Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.

State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen.

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## Current Challenges:

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- ➤ Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.

State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen.

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## Current Challenges:

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- ➤ Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.

State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen.

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## Current Challenges:

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.

State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen.

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## Current Challenges:

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.

State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen.

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## Current Challenges:

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.

State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen.

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## Current Challenges:

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.

State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen.

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## Current Challenges:

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.

State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen.

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## Current Challenges:

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.

State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen.

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## Current Challenges:

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- ➤ Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.

State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen.

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## Current Challenges:

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- ➤ Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.

State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen.

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## Current Challenges:

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- ➤ Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.

State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen.

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## Current Challenges:

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- ➤ Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.

State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen.

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## Current Challenges:

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- ➤ Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.

State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen.

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## Current Challenges:

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- ➤ Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.

State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen.

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## Current Challenges:

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- ➤ Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.

State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen.

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## Current Challenges:

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- ➤ Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.

State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen.

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## Current Challenges:

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- ➤ Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.

State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen.

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## Current Challenges:

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- ➤ Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.

State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen.

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## Current Challenges:

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- ➤ Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.

State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen.

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## Current Challenges:

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- ➤ Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.

State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen.

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## Current Challenges:

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- ➤ Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.

State Employees / Retirees

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

This *Purchaser Profile* -- **State Employees and Retirees**, is the first in a series that will describe each State purchaser of health care and the health insurance contracts it currently manages.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

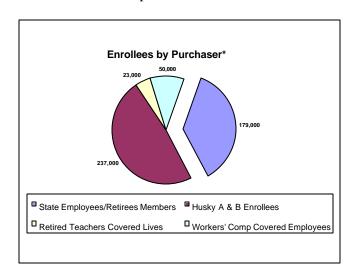
The Office of the State Comptroller (OSC) is the designated plan administrator, by statute, for state employee and retiree health benefits. An appropriation for employee health insurance benefits is included in the Comptroller's budget. The General and Special Transportation Funds Appropriations for 2000-2001 are approximately \$417,545,000. The OSC administers health benefits for employees, retirees and their covered dependents, which include medical benefits, prescription drug coverage and dental care services.

Oversight: A Labor-Management Health Care Cost Containment Committee (HCCCC) was established through collective bargaining in 1985 and is composed of six labor representatives, six management representatives, and one neutral chairperson. The committee is responsible for implementing cost control measures, monitoring and improving health plan quality, and initiating health promotion and wellness activities for state employees, retirees, and their eligible dependents. This committee meets on a monthly basis and is responsible for competitively bidding the health plan contracts.

*Current contract:* July 1, 1999–June 30, 2001, with the option to extend for an additional year.

**Covered employee** is an employee or retiree who meets the criteria for eligibility and who is duly enrolled into the Benefit Program. The state has approximately 91,000 covered employees.

*Member* is either a covered employee or a covered dependent. The state has approximately 179,000 members enrolled in its health plans.





<sup>\*</sup> These figures were provided by OSC, DAS, DSS, TRB and WC.

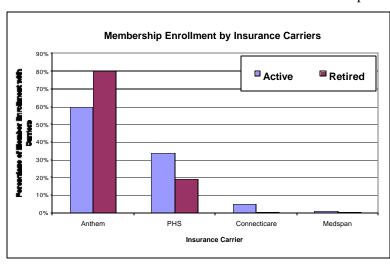
ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.

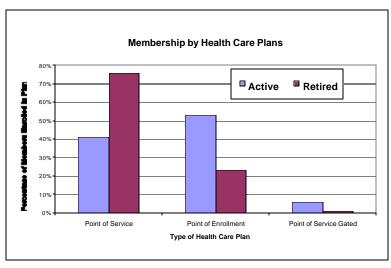
- Anthem
- Connecticare
- Medspan
- Physician Health Services

**Risk Sharing Arrangement:** Currently health benefits are provided under a fully insured arrangement administered by the health plans. This means that all of the risk is assumed by the health plans and the state pays a set monthly premium determined by the number of employees and members enrolled during that month. Rates are based on the following tier composition:

- > Employee only
- > Employee plus one dependent
- > Family
- > Family less employed spouse

Coverage Offered: Medical and Dental, Prescription Drug Benefits





**Cost Sharing:** In most instances employees and retirees contribute a minimal portion toward the premium. Employee share, or contribution towards premium is based on the plan design and the tier composition chosen

*The State's overall objective* is to restrain health care costs while maintaining access and quality.

## **Current Challenges:**

- Increasing number of retirees
- Rising health insurance premium costs
- Increased prescription drug costs
- Vendor management to hold health plans accountable for cost, quality and access.

## Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective

health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the state to:

- Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the state purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- ➤ Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPPA) of 1996 will impact the purchasing process.